

fearing hemorrhage more than anything else, and expecting to find the largest vessels to be enlargement of the normal vessels supplying the region. I was surprised, therefore, when I found the large number of adventitious vessels entering through the suspensory ligament. Opportunity was not offered for discovering exactly what the vascular arrangement was, but the normal vessels entering from the diaphragm through this peritoneal fold must have been enormously dilated. I had but little expectation of success, and should not have consented to operate except at the earnest solicitation of the patient, as mentioned.

I submit the report of the case without further remark, simply as a contribution to the statistics of splenectomy.

NOTE ON ELECTROLYSIS OF UTERINE FIBROMA.

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THE prominence given lately to the opinions and methods of Dr. Apostoli in his revival of this operation, long ago practiced both in America and England, stimulates me to put on record a single case never before reported, treated some years since in the city of Chicago.

The patient, then about 38 years of age, consulted me for menorrhagia which had existed about a year, and which had depleted her excessively at each menstrual period. The diagnosis of fibroma had not previously been made, but the uterine cavity was found $6\frac{1}{2}$ inches in depth, and with quite uniform and symmetrical enlargement of the anterior wall. Intra-mural fibroid seemed to be present, probably in places also sub-mucous, accounting for the alarming hemorrhages.

Electrolysis was done Feb. 6, 1875, with the assistance of Prof. John E. Owens, in the following manner:

A Schlotterbeck's speculum was introduced edgewise, handles down, and the vagina distended as widely as practicable

by elevation of the bladder; the anterior wall then fell into easy reach.

Two platinum pointed needles, insulated in the shaft, were used. Held firmly by a Sims' needle holder they were crowded into the dense mass of the tumor till the points were well buried, as high up as seemed prudent, in avoiding bladder and peritoneum, and as far apart as possible, which was but little over an inch. They were then made anode and cathode respectively, of a 15 cell zinc carbon battery, run with bichromate solution and freshly charged; this current would raise about 2 inches of fine platinum wire to a red heat, but measurements by milliamperes were not then in use. I was accustomed to use rheostat and galvanometer graduated up to 1000 ohms in using the galvanic current ordinarily, but in this instance only placed the galvanometer in the circuit which was closed with the full strength of the battery. Being unanæsthetized, the patient felt a light shock upon closing the circuit, and a slight burning sensation while it was continued. After the first six minutes it was reversed by the commutator to get the caustic action of the cathode in both punctures, and after another six minutes was withdrawn. No bleeding followed the withdrawal of the needles, and the patient had no severe reaction. Still rest in bed for a few days was advised until all possible danger of inflammation was past. This operation was performed soon after menstruation. The next period came regularly and was much more natural.

On March 30, the bulk of the tumor having become much less, a second operation of electrolysis was performed, in all respects like the first, except that at the patient's request a whiff of chloroform was given to quiet her nervous dread.

On June 10, I find this entry: No remains of the tumor to be found except, perhaps, in a little enlargement of the cervix.

The state of this patient's health was under my personal cognizance for several years, and continued good, since which I have had messages and indirect reports from her, all good. So far as I know she is still living, and in perfect health.

The method of application will be noted to differ from that advocated by Dr. Apostoli, but it is doubtless as true in this

as in other diseases that no one line of treatment is equally applicable to all cases.

Intelligent surgeons will, of course, always try to conform special operative procedures to the needs of the particular case in hand. And I would suggest that inasmuch as acupuncture itself is known sometimes to set up absorption in fibroid growths, will it not be well sometimes to use the much greater stimulating power of electro-puncture to start an involution by burying one or both electrodes deeply in the mass of the tumor, rather than to rely on placing one over the abdomen, and the other in the uterine cavity.

The wonderful progress of the use of electricity in the arts has brought with it instruments of precision unknown a few years ago, and which, by the practical suggestions of such men as Stevenson, of London, Martin, of Chicago, Carpenter, of Cleveland, and others, are being brought into the range of electro-therapeutics. While recognizing these, however, let us not forget the labors of a host of predecessors, whose researches have made possible the present advance.